



**Denali Commission**  
510 L Street, Suite 410  
Anchorage, AK 99501

907.271.1414 *tel*  
907.271.1415 *fax*  
888.480.4321 *toll free*  
[www.denali.gov](http://www.denali.gov)

## **Denali Training Fund Quarterly Progress Report**

Funds for this project are provided by the USDOL and the Denali Commission and managed, in partnership, by the Alaska Department of Labor and Workforce Development.

<b>Name of Organization:</b> Alaska Association of Municipal Clerks
<b>Name of Project:</b> Professional Development Training
<b>Reporting Period:</b> 7/1/2008 – 9/30/2008
<b>Contact Person:</b> Betty Svensson
<b>Contact Number:</b> 907-586-1325 <b>Email Address:</b> <a href="mailto:betty@akml.org">betty@akml.org</a>
<b>Expenditures to date:</b> \$ <b>13,810.79</b>
<b>Certification:</b> I certify that the information in this report is current, correct and true and in accordance with the terms and conditions of the agreement.
Signed by: <u>Betty Jo Svensson</u> Dated <u>10/27/2008</u>

1. In a few sentences, please describe the scope of your project:

**Providing scholarships to rural clerks to attend the AAMC Conference and the Advanced Academy, accredited by the International Institute of Municipal Clerks. AAMC provides training to not only help rural clerks successfully perform essential local government functions but---hopefully---give them enough information and tools to keep them in their jobs longer. Trained longevity helps provide some stability and consistency for a community**

2. Project Activities for this Reporting Period:

Describe the grant activities that happened during this report period. Include planning, advertisement and/or training performance that occurred this quarter? List any accomplishments achieved. (Attach advertisements if applicable)

**Scholarship applications were sent to rural clerks.**

**3. Scheduled Project Activities/Important Dates for next quarter:**

Describe your planned activities and training for next few months. Please include important dates like graduation, site visits, travel, job fairs, etc.

**Scholarships will be awarded.**

**Training will take place Nov. 9-10, 2008**

4. a. How many are in your training program during this reporting period?

**none**

b. How many people have been trained and/or certified to date from this grant?

**none**

(Please complete form below.)

5. Please list complete the list by putting the community to which each individual trained is from, the type of training and certification, the graduation date and who will employ them upon completion of training.

Community where trainee lives	Type of Training/ Service	Type of Certification to be earned/earned	Dates of training	Graduation Date	Employment commitment after training is complete

Please copy and use another sheet if you need more spaces.

6. Please identify any problems or changes in your training project that will affect the budget, scope or timeline of the project. Is your training on schedule? What are the reasons for any difficulties or delays? Are you over budget/under budget? Have you had to change the initial scope?

Please provide an explanation to this change and your resolution to the variance.

NONE

7. How are you or will you be evaluating the individuals being trained to ensure competency, skill level and understanding? (Testing, assessment, etc)

8. Please identify areas that we can assist you in the future.